

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.2		4-11-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H8	J2-916	10-23-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	5-22-01
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Claim	Date
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Claim	Date
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